



Request for DC Trip Permit

Email and/or Fax to: International Registration Plan (IRP)

Phone Number: 202-729-7083 Fax Number: 202-729-7173/7174 E-mail: dcirpdmv@dc.gov

\$50.00 TRIP PERMIT IS VALID FOR SIX (6) CONSECUTIVE DAYS

(PLEASE PRINT)

APPLICANT INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX

BUSINESS INFORMATION			
BUSINESS NAME		FEIN	
STREET ADDRESS (No P.O. Box NUMBERS)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER W/AREA CODE		E-MAIL ADDRESS	

PERMIT TYPE	<input type="checkbox"/> Bus	<input type="checkbox"/> TRUCK

VEHICLE INFORMATION			
VEHICLE MAKE/MODEL	VEHICLE YEAR	LICENSE PLATE NUMBER	STATE ISSUED
LICENSE PLATE EXPIRATION DATE	OPERATOR EQUIPMENT NUMBER	VEHICLE IDENTIFICATION NUMBER	

EFFECTIVE/EXPIRATION DATES AND TIME			
EFFECTIVE DATE	TIME	EXPIRATION DATE	TIME

(PERMITS ARE NOT TRANSFERABLE)

METHOD OF PAYMENT (MONEY ORDERS AND CHECKS MADE PAYABLE TO: DC TREASURER)				
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CHECK #:	<input type="checkbox"/> MASTERCARD*	<input type="checkbox"/> VISA*	<input type="checkbox"/> DISCOVER CARD*
*I authorize payment with my credit card for DC DMV Trip Permit transactions.				
NAME AS IT APPEARS ON CREDIT CARD:				
CARD NUMBER:		EXPIRATION DATE:	TOTAL AMOUNT: \$	

PREFERRED METHOD OF DELIVERY	
<input type="checkbox"/> PICK UP(MON-SAT 8:15 AM- 4:00 PM)	<input type="checkbox"/> REGULAR MAIL
<input type="checkbox"/> EXPRESS SERVICE: PLEASE PROVIDE CUSTOMER ACCOUNT #: _____	
<u>INDICATE COURIER AND RATE TO BE BILLED:</u>	
FED EX SERVICE:	<input type="checkbox"/> PRIORITY OVERNIGHT <input type="checkbox"/> STANDARD OVERNIGHT <input type="checkbox"/> OTHER: _____
DHL SERVICE:	<input type="checkbox"/> SAME DAY <input type="checkbox"/> TIME DEFINITE: _____ <input type="checkbox"/> DAY DEFINITE: _____ <input type="checkbox"/> OTHER: _____
UPS SERVICE:	<input type="checkbox"/> NEXT DAY <input type="checkbox"/> STANDARD GROUND <input type="checkbox"/> EXPRESS OVERNIGHT <input type="checkbox"/> OTHER: _____
CHARGE MY CREDIT CARD: <input type="checkbox"/> MASTERCARD* <input type="checkbox"/> VISA* <input type="checkbox"/> DISCOVER CARD*	
(IF DIFFERENT FROM ABOVE): CARD NUMBER: _____ EXPIRATION DATE: _____	
Any person using a fictitious name or address and/or knowingly making any false statements on this application is in violation of DC Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (DC Official Code §22-2405).	
APPLICANT SIGNATURE:	DATE:
DMV AUTHORIZING OFFICIAL SIGNATURE AND DATE	AUTHORIZED PERMIT NUMBER